

Department of Human Services  
Bureau of Human Service Licensing

April 28, 2022

[REDACTED]  
STABON MANOR PERSONAL CARE HOME, INC.  
1555 HAAK STREET  
READING, PA, 19602

RE: STABON MANOR PERSONAL CARE  
HOME  
1555 HAAK STREET  
READING, PA, 19602  
LICENSE/COC#: 20512

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *STABON MANOR PERSONAL CARE HOME* License #: *20512* License Expiration: *04/21/2023*  
Address: *1555 HAAK STREET, READING, PA 19602*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6103732272* Email: [REDACTED]

**Legal Entity**

Name: *STABON MANOR PERSONAL CARE HOME, INC.*  
Address: *1555 HAAK STREET, READING, PA, 19602*  
Phone: *6103732272* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *01/18/2022*

**Inspection Dates and Department Representative**

*01/13/2022 - Off-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *160* Residents Served: *88*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *80* Are 60 Years of Age or Older: *47*  
Diagnosed with Mental Illness: *66* Diagnosed with Intellectual Disability: *10*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**01/13/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/26/2022*

Inspections / Reviews (*continued*)

03/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2022*

04/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Direct care staff member A yelled at Resident #1 on 12/25/21. The incident was not reported to the Department until 12/27/21. Ancillary staff member B observed the incident on 12/25/21.

Plan of Correction

Accept

The Administrator reported the incident the same day it was reported to [redacted], the incident happened at 5:00 am on December 25, which is a Holiday. The staff has been trained about mandatory reporting (training record attached). Mandatory Reporting was placed on the first month of the year in the training calendar for 2022 and all staff was trained and instructed to use Tabula to make an incident report that will be automatically sent to the Administrator and Assistant of Administrator as soon as they submit it, in that way the Incident Report will be sent to the Department same day, even on weekends or holidays when the office is closed. (record of training attached).

Completion Date: 01/20/2022

Document Submission

Implemented

implemented

Update: 04/28/2022

signature sheets provided, AG, 4-28-22

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Direct care staff member A yelled and cursed at Resident #1 on 12/25/21. The staff member did not treat Resident #1 with dignity and respect.

Plan of Correction

Accept

Staff member A was terminated on 12/27/2021. All staff members have been trained on Resident's Rights and the issue was addressed in the Staff meeting on 1-20-2022. The Administrator will not tolerate any violation of the resident's rights of behavior will not be tolerated. In the future, the Administrator will terminate any staff member that violates any resident's right.

Completion Date: 12/27/2021

Document Submission

Implemented

implemented

Update: 04/28/2022

signature sheets provided, AG, 4-28-22